

10/564170

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	1					
8			1			
9				1		
10	1				1	
11		1				
12	1		1			
13			1			
14	1				1	
15	1		1			
16	11		14			
17			1			
18				1		
19					1	
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42					1	
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45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			7			
TOTAL DEP.		13				
TOTAL CLAIMS		20				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						